PCT

REQUEST

The undersigned requests that the present

For receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International	Application"

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Box No. I TITLE OF INVENTION NASAL DRUG DELIVERY Box No. II APPLICANT This pers	on is also inventor	s file reference ters maximum) P016120WO - ABH
NASAL DRUG DELIVERY	ntity, full official designation.	
Box No. II APPLICANT This pers	ntity, full official designation.	
Name and address: (Family name followed by given name; for a legal et The address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of reside	ence is indicated below.)	Telephone No.
Bespak Plc Blackhill Drive, Featherstone Road		Facsimile No.
Wolverton Mill South		Teleprinter No.
Milton Keynes		
Bucks., MK12 5TS		Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country) UK) of residence:
This person is applicant for the purposes of: all designated States all designated the United		the United States of America only the States indicated in the Supplemental Box
Box No. III FURTHER APPLICANT(S) AND/OR (FURT	THER) INVENTOR(S)	and only the control of
Name and address: (Family name followed by given name; for a legal en	tity, full official designation.	This person is:
Box is the applicant's State (that is, country) of residence if no State of reside DICKENS, Colin	nce is indicated below.)	applicant only
83 Hazel Crescent	!	applicant and inventor
Towcester	!	inventor only (If this check-box is
NN12 6UQ	!	marked, do not fill in below.)
· .	1	Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country)	of residence:
This person is applicant	UK	
for the purposes of: States the United S	states of America	the United States of America only the States indicated in the Supplemental Box
Further applicants and/or (further) inventors are indicated		
Box No. IV AGENT OR COMMON REPRESENTATIVE		CORRESPONDENCE
The person identified below is hereby/has been appointed to act of the applicant(s) before the competent International Authorities	as:	agent common representative
Name and address: (Family name followed by given name; for a legal ent. The address must include postal code and name of comparison.)	ty, full official designation. country.)	Telephone No. +44 20 7353 4343
HECTOR, Annabel Mary	Ì	Facsimile No.
D Young & Co	[+44 20 7353 7777
21 New Fetter Lane London	ľ	Teleprinter No.
EC4A 1DA	ļ-	477667 YOUNGS G
ENGLAND	'	Agent's registration No. with the Office
Address for correspondence: Mark this check-box where space above is used instead to indicate a special address to visit the special address the special address to visit the special address to visit the special address to visit the special address the spec	no agent or common repressional series which correspondence should be a series of the	esentative is/has been appointed and the ould be sent.

Sheet	No	2

The address must include	ng sub-boxes is used, this sheet should in mily name followed by given name: for a legal en the country of the		
// -= 5.4,0	(Multis, Country) of residence if no State of waring	the address indicated in the	This person is:
ASGHARIAN, I	Bahman	ance is indicated below.)	applicant only
118 Disraeli Dr	ive ·		applicant and inventor
Cary, NC 2751	3		inventor only (If this check-box
			is marked, do not fill in below.)
			Applicant's registration No. with the Office
State (that is, country) o	f nationality:	State (that i	
This person is a 1		State (that is, countr	y) of residence:
This person is applicant for the purposes of:	all designated	d States except tates of America	the United States the States indicated
Name and address: (Fam			of America only the Supplemental Po
The address must include po Box is the applicant's State (nily name followed by given name; for a legal ent stal code and name of country. The country of th that is, country) of residence if no State of residen	ty, full official designation. he address indicated in this	This person is:
KIMBELL, Julia		ce is indicated below.)	applicant only
106 Michael's W	5, '80'		
Chapel Hill, NC	ay 27516		applicant and inventor
1 1, 110 2	27310		inventor only (If this check-box is marked, do not fill in below.)
	,		Applicant's registration No. with the Office
State (that is, country) of t	nationality		
USA	_	State (that is, country) USA	of residence:
This person is applicant for the purposes of:	all designated States all designated	Steason .	
	are officed Sta	es of America	the United States of America only the States indicated in the Supplemental B.
			the Supplemental Box
Name and address: (Family The address must include post	y name followed by given name; for a legal entity al code and name of courts. The	4.11.	the Supplemental Box
- Ppicant S State (Inc	y name followed by given name; for a legal entity al code and name of country. The country of the at is, country) of residence if no State of residence	4.11.	This person is:
PRICE, Owen Th	at is, country) of residence if no State of residence	4.11.	the Supplemental Box
PRICE, Owen Th 103 Penny Ln	at is, country) of residence if no State of residence	4.11.	This person is:
PRICE, Owen Th	at is, country) of residence if no State of residence	4.11.	This person is: applicant only applicant and inventor inventor only (Methics lead to be a lead
PRICE, Owen Th 103 Penny Ln	at is, country) of residence if no State of residence	full official designation. address indicated in this is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)
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PRICE, Owen The 103 Penny Ln Cary, NC 27511	and is, country) of residence if no State of r	full official designation. address indicated in this is indicated below.) State (that is, country) o	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
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PRICE, Owen The 103 Penny Ln Cary, NC 27511 tate (that is, country) of na USA his person is applicant or the purposes of: ame and address: (Family note address must include postal ox is the applicant's State (that BRACE, Geoff B421 Savan Court Raleigh, NC 27613	tionality: all designated all designated States ame followed by given name: for a legal entity, for code and name of country. The country of the action, country) of residence if no State of residence is	State (that is, country) of the country) of the country of the country of the country) of the country of the c	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Tresidence: United States America only the States indicated in the Supplemental Box his person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) applicant's registration No. with the Office
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Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

- If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which
 a special continuation box is provided, the space is insufficient
 to furnish all the information: in such case, write "Continuation
 of Box No...." (indicate the number of the Box) and furnish the
 information in the same manner as required according to the
 captions of the Box in which the space was insufficient, in
 particular:
- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. II" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
- 2. If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such a case, write the name or two-letter code of each designated State concerned and the indication "patent of addition," "certificate of addition," "inventor's certificate of addition" or "utility certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other patent grant or the date of filing of the parent application (Rules 4.11 (a)(iii) and 49bis.1(a) or (b)).
- 3. If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuation-in-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis.1(d)).

Continuation of Box No. IV.

PILCH, Adam John Michael; CRISP, David Norman; ROBINSON, Nigel Alexander Julian; HARRIS, Ian Richard; HARDING, Charles Thomas; TURNER, James Arthur; MALLALIEU, Catherine Louise; PRATT, Richard Wilson; MASCHIO, Antonio: HORNER, David Richard; NACHSHEN, Neil Jacob: PRICE, Paul Anthony King; POTTER, Julian Mark; HAINES, Miles John; DEVILE, Jonathan Mark; COTTER, Ivan John; TANNER, James Percival; KHOO, Chong-Yee; HOLLIDAY, Louise Caroline; ALCOCK, David: MILLS, Julia; GALLAGHER, Kirk James; WILLIAMS, Aylsa; GODDARD, Frances Anna; MCGOWAN, Cathrine; DAVIES, Simon Robert; FURLONG, Isla Jane: CLYDE-WATSON, Zöe; MELDRUM, David James: ILLINGWORTH-LAW, William; BRADLEY, Josephine Mary; FENNELL, Gareth Charles; SOAMES, Candida Jane; LEPPARD, Andrew John; RICHARDS, William John

all of D YOUNG & CO, 21 New Fetter Lane, London, EC4A 1DA, England

Sheet No.	4

. Sheet No. . . 5 . . .

Box No. IX CHECK LIST; LANGUAGE OF FILING				
This international application contains: (a) in paper form, the following number of sheets:	item(s) (n	national application is accompanied by the following nark the applicable check-boxes below and indicate in mn the number of each item):	Numbe of item	
request (including	_ _	ee calculation sheet	:	
declaration sheets) :	5 2. 🗆 o	riginal separate power of attorney	:	
description (excluding sequence listing and/or	3. 🔲 o	riginal general power of attorney	:	
tables related thereto) : 1	4 4. 🗖 c	opy of general power of attorney; reference number,		
claims :	7	f any:	:	
abstract :	1 1	tatement explaining lack of signature	:	
drawings :	"_ it	priority document(s) identified in Box No. VI as tem(s):	:	
Sub-total number of sheets : 2 sequence listing :	8 7. 🗆 🟗	ranslation of international application into language):	······	
tables related thereto : (for both, actual number of	8. 🔲 s	eparate indications concerning deposited microorganism other biological material		
sheets if filed in paper form, whether or not also filed in	9. 🗖 s	equence listing in computer readable form indicate type and number of carriers)	·	
computer readable form; see (c) below)		copy submitted for the purposes of international sear Rule 13ter only (and not as part of the international a	rch under	
Total number of sheets : (b) only in computer readable form (Section 801(a)(i))	(ii) [(only where check-box (b)(i) or (c)(i) is marked in left c additional copies including, where applicable, the co purposes of international search under Rule 13ter	column) opy for the	
(i) sequence listing (ii) tables related thereto		together with relevant statement as to the identity of copies with the sequence listing mentioned in left co	the copy or	
(c) also in computer readable form (Section 801(a)(ii))	10. 🗖 t	ables in computer readable form related to sequence lis findicate type and number of carriers)		
(i) sequence listing (ii) tables related thereto	(i) [copy submitted for the purposes of international sear Section 802(b-quater) only (and not as part of the in application)	rch under ternational	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the	(ii) [(only where check-box (b)(ii) or (c)(ii) is marked in left additional copies including, where applicable, the copurposes of international search under Section 802(left)	column) opy for the	
sequence listing:	(iii) [together with relevant statement as to the identity of copies with the tables mentioned in left column	the copy or	
daditional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		copies with the tables mentioned in left column other (specify): Lefter		
Figure of the drawings which should accompany the abstract:	Language internation	e of filing of the English		
Box No. X SIGNATURE OF APPLIC	ANT, AGENT	OR COMMON REPRESENTATIVE	ć	
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request) HECTOR, Annabel Mary				
For receiving Office use only				
1. Date of actual receipt of the purported international application: 2. Drawings:		2. Drawings:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:			received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):			not received:	
5. International Searching Authority (if two or more are competent): ISA	/	6. Transmittal of search copy delayed until search fee is paid		
For International Bureau use only				
Date of receipt of the record copy by the International Bureau:				

This sheet is not part of and does not count as a sheet of the international application.

PCT	For receiving Office use only
FEE CALCULATION SHEET Annex to the Request	International Application No.
Applicant's or agent's file reference P016120WO - ABH	Date stamp of the receiving Office
Applicant	
CALCULATION OF PRESCRIBED FEES	
I. TRANSMITTAL FEE	UKE 55.00 T
SEARCH FEE	UK£ 1,078.00 S
(If two or more International Searching Authorities are competen international search, indicate the name of the Authority which is the international search.)	
3. INTERNATIONAL FILING FEE	
Where items (b) and/or (c) of Box No. IX apply, enter Sub-total nu Where items (b) and (c) of Box No. IX do not apply, enter Total nu	
il first 30 sheets	K£ 628.00 i1
number of sheets x UK£ 7.00 = UI	<€ 0 i2
in excess of 30	
additional component (only if sequence listing and/or tables thereto are filed in computer readable form under Section 80 or both in that form and on paper, under Section 801(a)(ii)):	related I(a)(i),
0 x UK£ 7.00 = U	K£ 0.00 i3
Add amounts entered at i1, i2 and i3 and enter total at I	UK£ 628.00 I
(Applicants from certain States are entitled to a reduction of 7. international filing fee. Where the applicant is (or all applican entitled, the total to be entered at I is 25% of the international filit	ts are) so
4. FEE FOR PRIORITY DOCUMENT (if applicable)	UK£ 0 P
5. TOTAL FEES PAYABLE	UK£ 1,761.00 TOTAL
MODE OF PAYMENT	
authorization to charge deposit account (see below)	cash coupons
☐ cheque ☐ bank draft	revenue stamps other (specify):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACC (This mode of payment may not be available at all receiving Offices)	Receiving Office: RO/ UKPO
Authorization to charge the total fees indicated above.	Deposit Account No.: D02246
(This check-box may be marked only if the conditions for deposit acco	
of the receiving Office so permit) Authorization to charge any deficie or credit any overpayment in the total fees indicated above.	Name: Annabel Hector
Authorization to charge the fee for priority document.	Signature: